

## CBADP PORTFOLIO REVIEW - COURSE EVALUATION FORM

**(CPS) CERTIFIED PREVENTION SPECIALIST**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PLEASE SUBMIT WITH THREE (3) COPIES OF EACH SYLLABUS**

**CITY, STATE, ZIP:** \_\_\_\_\_

Course	Course Number, Title to fulfill requirements	Name of College or University	Date of Course	Number of Credit Hours	Grade	Comments	Board Approval Yes / No
Intro to Alcohol Use and Abuse							
Intro to Drug Use and Abuse							
Foundations of Alcohol & Drug Prevention							
Theory & Practice of Alcohol & Drug Prevention							
Professional Ethics for the Addiction Professional (Requires 6 contact hours of Prevention Specific Ethics)							

**Please return form with transcripts and three (3) copies of each syllabus to: CBADP, 3101 W. 41<sup>st</sup> Street, Suite 205, Sioux Falls, SD 57105**

CBADP Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_